

## Electronic Patent Application Fee Transmittal

Application Number:	09782953			
Filing Date:	13-Feb-2001			
Title of Invention:	METHODS RELATING TO MUSCLE SELECTIVE CALCINEURIN INTERACTING PROTEIN (MCIP)			
First Named Inventor/Applicant Name:	R. Sanders Williams			
Filer:	Steven Lee Highlander/Jennifer Trumpler			
Attorney Docket Number:	UTSD:674US/SLH			
Filed as Large Entity				
Utility under 35 USC 111(a) Filing Fees				
Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Basic Filing:				
Pages:				
Claims:				
Miscellaneous-Filing:				
Petition:				
Adjustment date: 09/10/2010 CKHLOK 05/20/2010 INTERSW 00000285 09782953 01 FC:1455				
Application for patent term adjustment	1455	1	200	200
Refund Ref: 09/10/2010 0030000315				
Patent-Appeals-and-Interference:				
Credit Card Refund Total: \$200.00				
Post-Allowance-and-Post-Issuance:				
USCA: XXXXXXXXXXXXA930				
Extension-of-Time:				

## Electronic Acknowledgement Receipt

<b>EFS ID:</b>	7642803
<b>Application Number:</b>	09782953
<b>International Application Number:</b>	
<b>Confirmation Number:</b>	2337
<b>Title of Invention:</b>	METHODS RELATING TO MUSCLE SELECTIVE CALCINEURIN INTERACTING PROTEIN (MCIP)
<b>First Named Inventor/Applicant Name:</b>	R. Sanders Williams
<b>Correspondence Address:</b>	Steven L. Highlander Fulbright & Jaworski L.L.P. Suite 2400 600 Congress Avenue Austin TX 78701 US 5124745201 -
<b>Filer:</b>	Steven Lee Highlander/Jennifer Trumpler
<b>Filer Authorized By:</b>	Steven Lee Highlander
<b>Attorney Docket Number:</b>	UTSD:674US/SLH
<b>Receipt Date:</b>	19-MAY-2010
<b>Filing Date:</b>	13-FEB-2001
<b>Time Stamp:</b>	14:02:45
<b>Application Type:</b>	Utility under 35 USC 111(a)

### Payment information:

Submitted with Payment	yes
Payment Type	Credit Card
Payment was successfully received in RAM	\$200

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: 09/09/10		2 Serial/Patent # 09/782,953								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
X	Petition 1454		05/19/10	\$ 200.00						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	Other			\$						
			7 TOTAL AMOUNT OF REFUND	\$ 200.00						
8 TO BE REFUNDED BY:										
10 REASON:		X	<del>Treasury Check</del> Credit Card							
	Overpayment		Credit Deposit A/C #:							
	Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				--			
		--								
X	No Fee Due (Explanation):									
no fee is required for reconsideration of a decision on a Request for Recalculation of PTA										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: Douglas Ian Wood		TITLE: Petitions Attorney								
SIGNATURE: /dwood/		PHONE: 571-272-3231								
OFFICE: Office of Petitions - 4700										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED:		DATE: 9/12/10								

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**